

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 2387

PLACE OF DEATH
County Platte
Township Pettis
or
Village
or
City (NO. St. Ward)

Registration District No. 695 File No. 65
Primary Registration District No. 5922 Registered No. 2

FULL NAME Mary Louise Abbey

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (If write the word)
DATE OF BIRTH <u>Feb</u> <u>13</u> <u>1912</u> (Month) (Day) (Year)		
AGE <u>39</u> yrs. <u>11</u> mos. <u>4</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		
PARENTS	NAME OF FATHER <u>W. D. Newkirk</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ind.</u>	
	MAIDEN NAME OF MOTHER <u>Morris</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Abbey

(ADDRESS) Parkville

Filed Jan 20 1912 J. M. Winter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Jan</u> <u>19</u> , 191 <u>2</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Jan 16</u> , 1912, to <u>Jan 19</u> , 1912, that I last saw her alive on <u>Jan 19</u> , 1912, and that death occurred, on the date stated above, at <u>11</u> <u>12</u> m.	
The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>108</u>	
(Duration) ___ yrs. ___ mos. <u>8</u> ds.	
Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
(Signed) <u>J. Underwood</u> M. D. <u>Jan 19</u> , 191 <u>2</u> (Address) <u>Parkville</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
Where was disease contracted if not at place of death?	
Former or usual residence	
PLACE OF BURIAL OR REMOVAL <u>German Lutheran Cemetery</u>	DATE OF BURIAL <u>1-21</u> , 191 <u>2</u>
UNDERTAKER <u>Harry Roland</u>	ADDRESS <u>Parkville Mo</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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PLACE OF DEATH			REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.		BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	Platte		Registration District No.	695-	File No.	2337
Township	Pettis		Primary Registration District No.	5422	Registered No.	2
or						
Village						
or						
City			(NO.)		St.	Ward)
FULL NAME			Mary Louise Abbey			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Female	white	married	Jan 19, 1912			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
Feb 13, 1872			Jan 16, 1912, to Jan 19, 1912			
(Month) (Day) (Year)			that I last saw him live on Jan 19, 1912			
AGE			and that death occurred, on the date stated above, at 11 m.			
39 yrs. 11 mos. 6 ds.			The CAUSE OF DEATH* was as follows:			
OCCUPATION			Lobar Pneumonia			
(a) Trade, profession, or particular kind of work						
Housewife						
(b) General nature of industry, business, or establishment in which employed (or employer)						
BIRTHPLACE			(Duration) yrs. mos. ds.			
(City or town, State or foreign country)						
PARENTS	NAME OF FATHER		Contributory			
	R. D. New York		(SECONDARY)			
	BIRTHPLACE OF FATHER		(Duration) yrs. mos. ds.			
	(City or town, State or foreign country)					
MAIDEN NAME OF MOTHER		(Signed) * Johnson Widenwood (M. D.)				
E. Morris		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
BIRTHPLACE OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
S Ohio		At place of death yrs. mos. ds. In the State yrs. mos. ds.				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted If not at place of death?			
(Informant)			Former or usual residence			
Frank Abbey			PLACE OF BURIAL OR REMOVAL			
(ADDRESS)			German Lutheran Church			
Parkville			DATE OF BURIAL			
J. H. White			1-21, 1912			
REGISTRAR			UNDERTAKER			
Filed			Harry Noland			
			ADDRESS			
			Parkville Mo			

* All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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